Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)								•	SMALL E TYPE !	NTITY	OR	OTHER SMALL I		
FOR			NUMBER FILED			NUMBER EXTRA			Γ	RATE	FEE		RATE	FEE
BASIC FEE									Year State of the		345.00	OR		690.00
TOTAL CLAIMS 37			37	minus 2	0=	. 1	3			X\$ 9=	!	OR	X\$18=	234
INDEPENDENT CLAIMS 2 minus 3 =					3 =	<u>•</u>				X39=		OR	X78=	Í
ML	MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2								-	TOTAL		OR	TOTAL	饭	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY			OR	OTHER THAN SMALL ENTITY		
NTA		CLAII REMAII AFTI	MS NING ER		i PR	HIGHEST NUMBER REVIOUSL PAID FOR	Y	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*		Minus	**		1	=		X\$ 9=		OR	X\$18=	
	indopondo	*		Minus	***		1111	=		X39=		OR	X78=	
F	FIRST PRESEN	NTATION	OF MU	LTIPLE DEP	END	ENT CL	AIM	··-		+130=		OR	+260=	
									-	TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE	
	. 1	(Colum	nn 1)		(C	olumn 2	2)	(Column 3)	_	JUII. 1 EE (• •			
AMENDMENT B		CLAI REMAI AFT AMEND	NING ER		PF	HIGHEST NUMBER REVIOUSI PAID FOR	LY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**			=	lł	X\$ 9=		OR	X\$18=	
	Independent	•		Minus	***		<u> </u>	=		X39=		OR	X78=	
F	FIRST PRESE	NTATION	OF MU	JULIPLE DEF	'ENL	JENI CL	AIM		' [+130=		OR	+260=	
									L	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
Į		(Colur				Column		(Column 3)						
ENT C		CLA REMA AFT AMEND	INING ER	The second second	PI	HIGHEST NUMBER REVIOUS PAID FOR	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•		Minus	**			=	11	X\$ 9=		OR	X\$18=	
	Independent	•		Minus	**			=	1	X39=		OR	X78=	
F	FIRST PRESE	NTATIO	N OF MI	ULTIPLE DE	PEN	DENT C	LAIM		」	+130=		OR	+260=	
	If the entry in colu	mn 1 is le:	ss than th	ne entry in col	umn 2	2, write "0"	" in co	lumn 3.	L	TOTAL	<u> </u>	┫	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

PATENT APPLICATION FEE DETERMINATION RECORD								Application or Docket Number				
	PATENT	RD	69/617518									
	a	(Column_1)		(Column 2)	(Column 3)	SMAL : TYPE	LENTITY	OR		R THAN ENTITY		
LINE		CLAIMS REMAINING AFTER AMENDMENT	il establish	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- E TIONAL FEE		RATE	ADDI- TIONAI FEE		
AMENDMENT	Total	. 31	Minus	* 33	=	X\$ 9	23	ÒR	X\$18=	7		
AME	Independent	*	Minus ULTIPLE DE	PENDENT CLAIM	= 	X42:	=	OR	X84=			
-	1,					+140	=	OR	+280=			
·						ADDIT. F		OR	TOTAL ADDIT. FEE			
	. C	LAIMS AS A (Column 1)	MENDE	O - PART II. (Column 2)	(Column 3)	SMAI	L ENTITY	OR	OTHER SMALL			
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	i	RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	*	Minus	44	=	X\$ 9:	=	QП	X\$18=			
AME	Independent	*	Minus	PENDENT CLAIM		X42=	, see	OR	X84=			
	ring i Phese	INTATION OF ME	OLIN CC OC	ENDERT OF IIII		+140=	:	OF	+280=.	: :		
						TOTA ADDIT, FI		OR,	TOȚAL DDIT. FEE	3		
_		(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)	<u> </u>	ADDI-		·	ADDI-		
MENT		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	LEE		RATE	TIONAL FEE		
AMENDA	Total	*	Minus	A -A	=	X\$ 9=		OR .	X\$18=			
AME	Independent	NTATION OF MU	Minus JLTIPLE DEF	PENDENT CLAIM	1=	X42=		OR	X84=			
<u> </u>	THO THEOL					+140=		OR	+280=			
•						TOTA ADDIT. FE		OR A	TOTAL DDIT. FEE			
		(Column 1)	and the state of t	(Column 2)	(Column 3)				NO SALES WAS RECORD WINE TAKEN			
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	fy.	Minus	* *	=	X\$ 9=		ÓR	X\$18⊨			
AME	Independent		Minus	***	1	X42=		017	X84≈			
	HIRST PHESI	NIATION OF M	JETIPLE DEF	PENDENT CLAIM		+140=		OR	+280≔			
* If the entry in column 1 is less than the entry in column 2, write '0' in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter '20." ADDIT. FEE ADDIT. FEE										ele projekt rengislen in stake k		
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
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